



**Superior Court of the State of  
Washington  
for the County of King  
NOTICE TO PARENTS AND YOUTH**

Centralized Diversion Services  
1401 E Jefferson Suite 506  
Seattle WA 98122  
(206)296-1131  
(206)296-1179  
(206)296-1180

C/O :

Date:

Re:

DOB:

JCN:

The Prosecuting Attorney has forwarded to our agency a referral from the BELLEVUE Police Department alleging that the above named youth committed the following offense(s):

of

on

The prosecutor's office has reviewed this offense report and found it to be sufficient to file a criminal charge, but has determined that it will be sent to a Diversion unit rather than filed in Juvenile Court. Diversion units handle minor/first-time offenders. The purpose of the program is to help parents and child resolve this matter instead of going through the formal court process.

The differences between Juvenile Court filings and Diversion are as follows:

Juvenile Court: Hearings are open to the public - Lawyer appointed  
Appear before Judge  
Hearings are held in Seattle during the day  
If convicted, the conviction is public record  
Fee is charged

Diversion: Proceedings are confidential - No lawyer appointed  
Appear before diversion citizen board  
Meetings are held in the community, usually in the evening  
Criminal history is not a public record  
Fee is charged

If you sign a diversion agreement for, or are sentenced in court for one or more of the following offenses: inhaling toxic fumes; a controlled substance violation; a liquor violation; assault; harassment; reckless burning; malicious mischief; weapons; and/or reckless endangerment, notice will be sent to your school principal.

You have the right to talk to a lawyer before you decide to go through diversion. A Public Defender is available free of charge 8:30 to 4:30, Monday through Friday, at 206-205-5998. Please do this within 3 days of receiving this letter.

If you choose to go through Diversion, please fill out the enclosed diversion fee form and return it by

**FAILURE TO RESPOND TO THIS NOTICE WILL RESULT IN YOUR LOSING THE  
OPPORTUNITY FOR HAVING THIS MATTER DIVERTED TO A COMMUNITY  
ACCOUNTABILITY BOARD AND THE MATTER WILL BE RETURNED TO THE  
PROSECUTOR'S OFFICE FOR A COURT HEARING.**

We know this may be a difficult time for you and your family. It is our intention to handle this matter as quickly and confidentially as possible.



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Washington  
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DIVERSION SERVICES**

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**WHAT IS A DIVERSION FEE?**

Under King County Ordinance No. 11135 and Chapter 171 Laws of Washington 1993 and RCW 13.40, the Superior Court is required to recover the costs of diversion. To the extent that they are financially able, parents and guardians are responsible for the costs of the diversion service of their children in Washington State. The maximum amount you are required to pay is \$172.00, the cost of diversion.

**IS A FEE WAIVER AVAILABLE?**

No child may be denied diversion based on the parents' inability to pay. FOSTER PARENTS and PARENTS WHO RECEIVE SSI BENEFITS ARE NOT REQUIRED TO PAY DIVERSION FEES. For families receiving medical coupons, all family members MUST be listed on current coupon and a copy must be included with the fee form. Those with adequate incomes will be required to pay the full amount.

If you are receiving public assistance, either through DSHS or supplemental social security, please enclose a copy of a check stub or a statement of benefits including your case number in order to document that you receive assistance. This does not include pensions such as widow/child benefits from a deceased spouse or parent. The information you provide by mail will be confidential and will only be used in regards to the diversion fee. This information is subject to verification.

**WHAT IF I AM ABLE TO PAY?**

If you are able to pay the \$172.00, please fill out Side A only. Check method of payment, sign and return to our office. Enclose your payment if appropriate.

**WHAT IF I CANNOT PAY?**

If you do not have the capacity to pay the \$172.00, you must apply for a financial status review. To apply for a financial status review you must fill out Section A (labeled "Diversion Fee") and Section B (labeled "Financial Statement") of the Diversion Form. Section B is on the back of Section A. Mail this completed form along with copies of your two most recent pay stubs, most recent W2 tax forms, and/or other documents which verify your financial status. A Financial Screener at the Superior Court will review your financial status and assess or waive your fee based on the federal poverty guidelines. The assessed fee may be paid in four installments.

If you have any questions, call (206) 296-1130 between 8:30a.m. and 4:30p.m., Monday through Friday.

**WHAT IF I WANT THIS MATTER REFERRED TO COURT RATHER THAN DIVERSION?**

If you decide that you want this matter referred to court, you need to fill out Side A only and check the proper box. If you want to consult with the Public Defender's Office, they can be reached at 206-205-5998.

## SECTION A DIVERSION FEE

FOR OFFICE USE ONLY

AIRS Customer #5120- \_\_\_\_\_

Assesses Fee \_\_\_\_\_

Prepaid \_\_\_\_\_

Balance Billed \_\_\_\_\_

PLEASE FILL OUT AND MAIL TO: **King County Superior Court  
Juvenile Diversion Services  
1401 E. Jefferson Suite 506  
Seattle, WA 98122**

### PARENT OR GUARDIAN MUST COMPLETE SECTION A (Please Print)

**From:** \_\_\_\_\_  
Parent/Guardian Last Name Parent/guardian First Name (relationship to youth)

\_\_\_\_\_  
Address (Apt # if applicable)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Area Code and Phone Number (Preferably daytime)

Is this a new address? \_\_\_\_\_  
Yes No

**Re:**

\_\_\_\_\_  
Diversion #

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Offense(s)

\_\_\_\_\_  
Child's Birthdate

### AMOUNT OF FEE

**\*\* Per King County Ordinance No. 11135, the fee for diversion is \$172.00.**

**\*\* If you are able to pay, complete Section A only. The form MUST be filled out completely or it will be returned.**

**TO QUALIFY FOR WAIVER:** Fill out Section A completely.

- For foster parents - Enclose a copy of the child's DSHS card and caseworker information.

- For recipients of SSI Disability - Enclose a copy of the Disability letter.

- For families receiving medical coupons, all family members MUST be listed on the current coupon - a copy MUST be enclosed with the Diversion Fee Form.

**TO QUALIFY FOR ASSESSMENT:** Fill out Section A and Section B (on back) completely.

- Include a copy of the most recent pay stub/unemployment check and/or last years W-2 tax information. Return form to the above address. The Screener will assess the information. Do not send payment to the above address, you will be billed for the amount owed.

- If parents(s) is/are not included on the DSHS medical coupon, fill out Section A and Section B (on back) completely. You MUST include a recent copy of a pay stub and /or last year's W-2 tax form.

**METHOD OF PAYMENT** (Choose One)

\_\_\_\_\_  
Enclosed is a check or money order for \$172.00 payable to **King County Superior Court**

\_\_\_\_\_  
Please bill me. (The billed amount may be paid in four installments)

\_\_\_\_\_  
Copy of medical card/coupon or DSHS/ Social Security letter enclosed.

**or**

\_\_\_\_\_  
Please reject the case from Diversion. I wish to go to trial.

X \_\_\_\_\_  
Signature of Parent/Guardian

X \_\_\_\_\_  
Date

## **SECTION B**

### **FINANCIAL STATEMENT**

Please complete, sign and return to: King County Superior Court  
Juvenile Diversion Services  
1401 E. Jefferson Suite 506  
Seattle, WA 98115 Phone 296-1180

Social Security # \_\_\_\_\_ Total Number in household: \_\_\_\_\_  
(Count yourself, spouse and legal dependents)  
Marital Status (Please circle one): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

If you are requesting a reduction in fee, please answer the following blanks. You must enclose a copy of your most recent check stub and/or W-2 tax form and return to Superior Court.

### **EMPLOYMENT HISTORY**

Adult Employer: \_\_\_\_\_ How long worked? \_\_\_\_\_  
Spouse/Partner Employer: \_\_\_\_\_ How long worked? \_\_\_\_\_  
Child's Employer: \_\_\_\_\_ How long worked? \_\_\_\_\_  
Monthly Net Wages (Adult): \$ \_\_\_\_\_ Monthly Net Wages (Spouse/Partner): \$ \_\_\_\_\_  
Monthly Wages Child: \$ \_\_\_\_\_ If homemaker, please indicate \$ \_\_\_\_\_  
If self-employed, please specify quarterly income: \$ \_\_\_\_\_ How long? \_\_\_\_\_  
Other Income (Source and Monthly Amount): \_\_\_\_\_ \$ \_\_\_\_\_

### **MONTHLY EXPENSES**

Rent/Mortgage \_\_\_\_\_  
Utilities (heat, light, water, sewer, garbage, etc): \_\_\_\_\_  
Telephone \_\_\_\_\_  
Auto or other Loan Payments \_\_\_\_\_  
Food \_\_\_\_\_  
Medical Insurance (if you pay, not your employer) \_\_\_\_\_  
Medical/Dental bills (either monthly payments on past due bills  
or monthly expenditures not reimbursed by medical insurance) \_\_\_\_\_  
Auto Insurance \_\_\_\_\_  
Child Support \_\_\_\_\_  
Day Care (for legal dependents only) \_\_\_\_\_  
Consolidated Debt Payments/Credit Card Payments (monthly) \_\_\_\_\_  
Payment on Existing Court Orders \_\_\_\_\_

### **FAMILY ASSETS**

Equity in Real Estate (value of property minus balance of loan) \_\_\_\_\_  
Bank/Credit Union Savings Balance \_\_\_\_\_  
Bank/Credit Union Checking Balance \_\_\_\_\_  
IRA Balance \_\_\_\_\_  
Money Market Balance \_\_\_\_\_  
Mutual Funds (current value) \_\_\_\_\_  
Stocks/Bonds (current value) \_\_\_\_\_  
401 K or Deferred Income Balance \_\_\_\_\_  
Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Balance \_\_\_\_\_

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS INFORMATION IS TRUE  
AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_